

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

HW254770

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) GARCIA, LOUIS J		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 8806 S BURLEY AVE CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) <input type="checkbox"/> LOCATION CODE BEAT OF OCCURRENCE 277-PARKING LOT/GARAGE(NON.RE) DATE OF OCCURRENCE TIME DAY OF WEEK 30-APR-2013 21:13:00 TUESDAY NO. OF OFFICERS BATTERED <u>2</u> WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>3</u>	
STAR NO. 16093		POSITION POLICE OFFICER	
DATE OF APPOINTMENT 28-APR-2003		EMPLOYEE NO. [REDACTED]	
UNIT OF ASSIGNMENT 004		BEAT/CALL NO. 0463C	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE HISPANIC	DOB [REDACTED]	
HEIGHT 600	WEIGHT 255		
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input checked="" type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		<input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. BLUNT INSTRUMENT	
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F		RACE WHITE HISPANIC DOB [REDACTED]	
CB NO. 18648698		IR NO.	
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED?			
<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? <u>1</u>			
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE			
LIGHTING CONDITIONS AT INCIDENT			
<input type="checkbox"/> A. DAYLIGHT <input checked="" type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input type="checkbox"/> 2. GOOD		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <u>15</u> <u>1061883</u>	

REPORTING MEMBER - SIGNATURE
GARCIA, LOUIS J

STAR NO:
16093

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
VELEZ, CARLOS E

211